



Basic Minimum Value (Basic MVP) & Preventative Services Coverage Plan
Schedule of Medical Benefits
 Option ID: CR18F



Group ID: SFFHT

**This Plan provides Minimal Value Coverage for Medical Care.
 If the service is not listed on this Schedule of Benefits it is not covered.**

* Pre-Certification: Arizona Foundation - FoundationUM (AZF) 833-291-2519

Claims Address:

P.O. Box 1807

Draper, Utah 84020

Emdeon Payor ID: 88067

Customer Service: 877-453-4201

Coverage begins the 1st day of the month following 60 days of employment. Coverage ends the last day of the month following termination.

Minimum weekly hours for full time: 30 hours/130 per month

PPO Provider Network:
Physicians: PHCS- Specific Services Network
Facilities: 150% of Medicare

Lifetime Max: None	Network Providers	Non-Network Providers	Benefit Limits Per plan year
Annual Deductibles Does not include Co-pays. In-network and Out-of-network are separate accumulations and do not cross apply Deductible applies to Out of Pocket	Individual: \$7,150 Family: \$14,300	Individual \$14,300 Family \$28,600	All benefits and accumulations are on a calendar year.
Annual Co-pay and Co-Insurance Out of Pocket Maximums (Medical and Rx Co-pays apply to the annual out of pocket maximums) Deductible applies to Out of Pocket	Individual: \$7,150 Family: \$14,300	Individual: Unlimited Family: Unlimited	
Office Visits - Primary Care (exam or consultation)	\$50 Co-pay, Plan pays 60%	Deductible, Plan pays 60% of allowed amount	Plan pays 100% once Deductible is met for in-network providers.
Office Visits - Specialist (exam or consultation)	\$70 Co-pay, Plan pays 60%	Deductible, Plan pays 60% of allowed amount	
Office Services - basic services with exam (does not include pain management, chemo, surgical services)	Plan pays 60%	Deductible, Plan pays 60% of allowed amount	
Wellness Care - Adult	Plan pays 100%	Deductible, Plan pays 40% of allowed amount	
Wellness Care - Children	Plan pays 100%	Deductible, Plan pays 40% of allowed amount	
Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision screening for children, routine hearing screening for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Covered services incurred at a facility will be allowed at the Data iSight amount.			
Ambulance	No Benefit		
Birth Control / IUD	Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Breast Pumps	Plan pays 100%		One per delivery. Purchase Breast Pump at a local retail store and submit the receipt for reimbursement
AZF * Chemical Dependency - Inpatient	Deductible, Plan pays 100% up to 150% of Medicare allowed amount		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
Chemical Dependency Inpatient - All covered services other than facility charges	Deductible, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Chemical Dependency - Outpatient	No Benefit		
Chemotherapy / Radiation Therapy	No Benefit		
Chiropractic Services	No Benefit		
Colonoscopy (For Medical Reasons)	No Benefit		
Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc.)	Deductible, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Diagnostic Services - Major (Facility Charges) (MRI, CT, PET, Nuclear Medicine, etc.)	Deductible, Plan pays 100% up to 150% of Medicare allowed amount		
Diagnostic Services - Major (Physician Charges) (MRI, CT, PET, Nuclear Medicine, etc.)	Deductible, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Diagnostic Services - Minor (Facility Charges) (ultrasounds, bone density, ecography, etc)	Deductible, Plan pays 100% up to 150% of Medicare allowed amount		
Diagnostic Services - Minor (Physician Charges) (ultrasounds, bone density, ecography, etc)	Deductible, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Diabetic Education	No Benefit		
Dialysis	No Benefit		

	Durable Medical Equipment (includes orthotics & prosthetics)	No Benefit		
	Emergency Room Facilities	Deductible, Plan pays 100% up to 150% of Medicare allowed amount		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Emergency Room - All covered services other than facility charges	Plan pays 100%	Plan pays 100% of allowed amount	
	Gastric Bypass Surgery / Lap Banding	No Benefit		
	Home Health Care	No Benefit		
	Hospice Care	No Benefit		
AZF	* Hospital Facility and Inpatient Services	Deductible, Plan pays 100% up to 150% of Medicare allowed amount		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Attending Physician, Surgeon and Anesthesiologist charges during an inpatient hospital confinement	Deductible, plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Hospital - Outpatient Services (any charge billed from a hospital)	No Benefit		
	Infertility Services	No Benefit		
	Maternity - Prenatal Office Visits Only (billed separately from total delivery)	Plan pays 100%	No Benefit	Prenatal office visit is covered for all females covered under the plan
	Maternity (Labs, x-rays, ultrasounds and related covered services)	Deductible, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
AZF	* Maternity - Facility and Inpatient Services	Deductible, Plan pays 100% up to 150% of Medicare allowed amount		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment Per certification required if stay is in excess of 48 hours (or 96 hours)
	Attending Physician, Surgeon and Anesthesiologist charges during an inpatient hospital confinement	Deductible, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Medical Supplies (Including but not limited to: Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.	No Benefit		
AZF	* Mental Health - Inpatient	Deductible, Plan pays 100% up to 150% of Medicare allowed amount		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Mental Health Inpatient - All covered services other than facility charges	Deductible, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Mental Health - Outpatient	No Benefit		
	Outpatient Therapy Physical, Speech and Occupational	No Benefit		
	Outpatient Surgery performed in an office or urgent care facility	Included with office visit or urgent care Co-pay	Deductible, Plan pays 60% of allowed amount	Maximum of \$300 per visit
	Skilled Nursing	No Benefit		
	Sleep Studies	No Benefit		
	Sterilization for Women	Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Sterilization for Men	No Benefit		
	TMJ and Orthognathic	No Benefit		
AZF	* Transplant Facility	Deductible, Plan pays 100% up to 150% of Medicare allowed amount		Transplant Services Limited to Inpatient hospitalization only ** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Attending Physician, Surgeon and Anesthesiologist charges during an inpatient hospital confinement	Deductible, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Urgent Care Center & 24 Hour Clinic	\$70 Co-pay, Plan pays 60%	Deductible, Plan pays 60% of allowed amount	
Prescription Benefits				
	Covered Prescription Drugs - SimpleSaveRx Customer Service: 844-728-3479 Rx Bin #: 018448 Rx PCN #: 66202303	Negotiated best price for drugs: \$0-\$20 (Tier 1) \$20-\$40 (Tier 2) \$40-\$100 (Tier 3)	No Benefit	Specialty Medications: No Benefit All prescriptions are limited to 31 day supply Plan pays costs above \$100 up to \$150 per family per quarter.
Telemedicine				
	Sherpaa	Plan pays 100%		Go to www.sherpaa.com for more information.

*** Pre Certification Required. Failure to obtain Pre Certification may result in a reduction of \$250 or denial of benefits.**

**** Payment will be capped at 150% of the Medicare Allowable Payment. If provider does not accept the Medicare Allowable Amount, patient may be balance billed.**

Note: Any non-allowed or not covered amounts or services are the responsibility of the patient and are not included in the Out-of-Pocket Maximum.

Dependents are covered to age 26 regardless of student or marital status.

Timely Filing - Claims must be filed within 12 months from the date of service.

Coordination of benefits - Non duplicating meaning this Plan will not pay in excess of the normal plan benefit in absence of other insurance.

Rural Area is defined as 30 miles. If covered services are not available in the network within 30 miles the provider will be paid in network.

No Pre-existing for employees or dependents.

Out of Country services will be paid as a in-network for covered medical emergencies only, to a maximum of \$15,000 of billed charges.

We believe this coverage is a non grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

Visit www.taltreehealth.com to view the Plan Document, Schedule of Benefits, enrollment information, your claims history, link to the PPO network and more.

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment.

Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.